** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

A	or th	e 20	17 calendar year, or tax year beginning	and	l ending	_			
B Check if applicable:			C Name of organization			D Employer identification number			
Addre		ess ge	NEW VENTURE FUND						
Name		ě	Doing business as			20-5806345			
Initial return Final return termir ated		ī t				E Telephone number			
		- 1	1201 CONNECTICUT AVENUE, NW 300			(202) 595-1061			
			City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 363,357,994.			
	Ame	nded	WASHINGTON, DC 20036			H(a) Is this a group return			
Applie		ca-	F Name and address of principal officer: LEE BODNER				for subordinates? Yes X No		
	pend	ing	SAME AS C ABOVE			H(b) Are all subordinates included? Yes No			
$\overline{\Gamma}$	Гах-е	emp	ppt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			If "No," attach a list. (see instructions)			
								n number 🕨	
K Form of organization: X Corporation								M State of legal domicile: DC	
Part I Summary									
a)	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT INNOVATIVE AND							
ü	EFFECTIVE PUBLIC INTEREST PROJECTS.								
rna	2	Che	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.						
Activities & Governance	3		lumber of voting members of the governing body (Part VI, line 1a)					7	
	4		Number of independent voting members of the governing body (Part VI, line 1b)					6	
	5		otal number of individuals employed in calendar year 2017 (Part V, line 2a)					577	
Ž	6	Tota	Total number of volunteers (estimate if necessary)				6	115	
Acti	7 a		otal unrelated business revenue from Part VIII, column (C), line 12					0.	
_	<u> </u>	Net	unrelated business taxable income from Form	990-T, line 34	·····		7b	0.	
Revenue					_	Prior Yea		Current Year	
						363,72		356,195,628.	
	9 Pro		ogram service revenue (Part VIII, line 2g)			•	5,477.	2,981,865.	
			vestment income (Part VIII, column (A), lines 3, 4, and 7d)			1,345,683.		2,451,046.	
	177		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-10,695,199.		-2,769,898.	
_	12		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		357,581,316.		358,858,641.		
Net Assets or Expenses	13				114,285,885.		154,740,778.		
	14		enefits paid to or for members (Part IX, column (A), line 4)			0.		0.	
	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			36,985,269. 1,087,671.		47,676,392. 609.054.	
	102		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 10,406,999			1,007,071.		009,054.	
	4.7		al fundraising expenses (Part IX, column (D), line			112 18	Q 122	126,758,312.	
	1 17		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			112,188,122. 264,546,947.		329,784,536.	
			renue less expenses. Subtract line 18 from line		·····-	93,034,369		29,074,105.	
		nev	ende less expenses. Subtract line 16 from line	<u> </u>					
	20	Tot	otal assets (Part X, line 16) otal liabilities (Part X, line 26)			eginning of Current Year 364,305,889.		End of Year 383,435,182.	
	21					42,489,604.		44,217,538.	
			et assets or fund balances. Subtract line 21 from line 20			321,816,285.		339,217,644.	
			ignature Block	III 20			-,		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and								/knowledge and belief it is	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.									
		Í			F - F			<u>, </u>	
Sign Here			Signature of officer				Date		
			LEE BODNER, PRESIDENT						
			Type or print name and title						
		Pri	nt/Type preparer's name	Preparer's signature	1	Date	Check	PTIN	
Paid Preparer Use Only		YON	G ZHANG, CPA				if self-employ	P01249785	
			Firm's name RSM US LLP				s EIN 🛌	42-0714325	
		Firr	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400						
		1	MCLEAN, VA 22102 Phone no.703-336-6400						
May the IRS discuss this return with the preparer shown above? (see instructions)									